

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

SECRETARY OF THE SENATE

15 APR 20 AM 11:30

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Americans for Doug Truax

ADDRESS (number and street)

PO Box 4808



Check if different than previously reported. (ACC)

Oak Brook

IL

60522

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00546457

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

IL

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y

D D / Y Y Y Y Y

Y Y Y Y Y

in the State of

IL

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y

D D / Y Y Y Y Y

Y Y Y Y Y

in the State of

IL

5. Covering Period

M M / D D / Y Y Y Y Y
01 / 01 / 2015D D / Y Y Y Y Y
01 / 01 / 2015Y Y Y Y Y
2015

through

M M / D D / Y Y Y Y Y
03 / 31 / 2015D D / Y Y Y Y Y
31 / 31 / 2015Y Y Y Y Y
2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Sherry Gaskill

Signature of Treasurer Sherry Gaskill

Date

M M / D D / Y Y Y Y Y
04 / 14 / 2015D D / Y Y Y Y Y
14 / 14 / 2015Y Y Y Y Y
2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
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Only**FEC FORM 3**
(Revised 02/2003)